



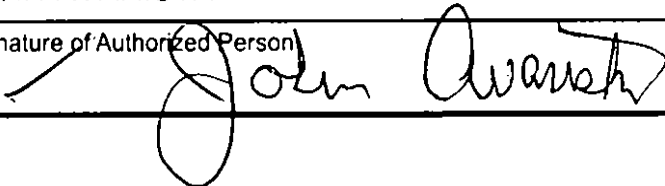
**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2023  
Limited Liability Company

MAY 22 2023  
BY 311  
ES

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>911046</b>		2. Exact name of the Limited Liability Company <b>PRIORITY CLAIMS LLC</b>	
3. NAICS Code <b>541690</b>		4. Brief description of the character of business conducted in Rhode Island <b>INSURANCE ADJUSTER</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>240 CHESTNUT STREET</b>		City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02888</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>JOHN AVARISTA</b>		Contact Title <b>MEMBER</b>	
Street Address <b>PO BOX 447</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
Zip <b>02879</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person <b>JOHN AVARISTA</b>		Date <b>5/16/23</b>	
Signature of Authorized Person 			

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov